

<div style="display: flex; justify-content: space-between;"> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="font-size: 2em; font-weight: bold;">10</div> <div> SERIAL NO. 537062 </div> <div> FILING DATE _____ </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL CLAIMS			14			
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TOTAL DEP.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY